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ABSTRACT

The principal health-related killers of modern man--heart disease, cancer, stroke, and accidents--are best described as lifestyle diseases, for the etiology of these killers includes the abuse and neglect of the body. Health depends essentially upon the control of environmental influences, including those aspects that the individual creates. Individual responsibility in preventive health care requires: (1) giving up cigarette smoking; (2) getting enough exercise and rest; (3) maintaining proper weight; (4) adhering to a low-cholestrol diet; and (5) following medical advice. Death from accidents can be reduced by a decrease in negligent behavior. Health education programs must be improved and offered throughout the nation's public schools. A breakthrough in the education and motivation of people for healthier lifestyles has been found in the Health Hazard Appraisal (HHA) listing. The HHA listing offers individuals the opportunity to examine their habits and health in the areas of: smoking; drinking; motor vehicle safety; water safety; blood cholestrol; blood pressure; blood sugar; physical activity; and drug use. (CJ)

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Preventive Health Maintenance

"The task of improving our chances
of good health and long life
must begin with us as individuals;
it is our lifelong responsibility."

-- Walter J. McNerney: President,
Blue Cross Association and Blue
Shield Association.

Although caring for the sick is important, how can we head off bodily malfunctions before they occur? This is a very practical question for helping to keep our bodies operating as they are meant to, effectively, yields benefits in appearance, outlook and the sound functioning of our bodies.

Modern medicine has, through vaccines and antibiotics, kept in check the sudden-killer diseases of the past - diptheria, smallpox, bacterial pneumonia and others. However, the principal health killer of modern man - heart disease, cancer, stroke and accidents - are best described as life-style diseases for their etiology includes the abuse and neglect of our bodies.

Much of modern disease is amenable to self-help for achieving better health. It is a responsibility each of us share - to maintain the body so well that it falters less. Doctors can help to heal us once we begin to hurt, and sometimes even prolong our life. However, good health maintenance before illness helps prevent the onset of many disabling and debilitating illnesses.

In describing the rise of human health over the cneturies, Dr. Thomas McKeown, an English medical historian attributes significant progress to non-medical causes. As he points out, infectious diseases became the greater killers of human when people settled within dense populations thereby outgrowing the food supplies. Among such people weakened by humger, many diseases thrived. However, in the 18th century, a tremendous increase in food supply - along with the beginnings of population control - in McKeon's words: "tipped the balance in favor of the host and against infectious organisms." In the 1700s, a steeady decline became apparent which was more than half completed by the end of the 19th century.

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After food production, McKeown ranks... "a reduction in exposure to infection" as a major cause for improved public health. Included here are such hygienic advances as purefying water, pasteurizing milk, and health inspecting meat. In third place, McKeon credits... "the introdyction of effective methods of immuniztion and therapy in the 20th century."

Dr. McKeon concludes - "the public has the general view that we are basically ill and are made well by medical intervention. It would be nearer the truth to say that we are basically well(underlining added) and are made ill. Health depends essentially on control of environmental influences, including those which, by his own behavior,(Underlining added) the individual makes for himself."

It is commonly understood and accepted that modern medicine has made extraordinary contributions to the health and well-being of mankind. Yet it is equally true that their capability to fight chronic diseases and accidents - the major killers and disablers of today - is comparatively limited as contrasted with what we are capable of doing ourselves.

Today, heart disease, cancer and stroke combined, are responsible for some 70% of all deaths. Canada's minister of national health and welfare has a unique way of calculating the major risks to health. These risks are all related to behavior, and to that extent, are preventable. He calculated the number of years lost due to early death between the ages of one and seventy years. The compelling logic of this technique is that it dramatically emphasizes preventable deaths!

Leading his list are motor vehicle accidents which kill so many young people:

	12.7 % of all years lost
Heart disease	11.5%
All other accidents	10.6%
Resipatory disease and lung cancer	8.3%
Suicide	4.1%

There is no dispute with the established fact that motor vehicle deaths are reucible. The fuel 'shortage' of 1974-75 was accompanied by a sharp reduction in mileage driven. Coupled with the 55-miles-per-hour speed limit in the United States, these two factors, together - are assoc-

iated with a 20% cut in highway deaths. In addition, seat belts and safer auto design contributed to the reduction of highway fatalities and inhuries.

Perhaps a generation ago, it might have fairly been said that we did not know sufficient about heart disease etiology to prevent it. Today, however, we are aware of many ways to help reduce the risk of heart disease. In the light of the new evidence uncovere, many people have altered their life-style. Perhaps this is why a dramatic decrease of 23% in deaths due to coronary heart disease was recoded between 1963 and 1975 in the United States.

In terms of the individual responsibility for preventive health care, we can contribute to this continuing trend by:

... quitting cigarettes, (not cutting down - quitting!!).
... getting enough exercise and rest.
... trimming our weight.
... switching to the kind of prudent low-cholesterol diet - recommended by the American Heart Association, and
... faithfully following doctor's orders if we develop high blood pressure.

A majority of accidents, all kinds, are obviously caused by behavior including being neglectful. Although some accidents associated with environmental hazards can be reduced, or even eliminated through direct citizen action or legislation - there is substantial evidence that the majority of accidents have an underlying emotional cause, frequently the most prevalent form of mental illness - depression. The so-called accidemt-prone individuals are a case in point; their 'bad luck' is accurately and often identified with their personal emotional state at the time. Another common 'culprit' is alcohol. Today it is recognized that alcohol is the silent, underlying factor in many industrial and home-oriented accidents and injuries. For example, it is an irrefutable fact - injuries in the home rise sharply during the pre-dinner cocktail hour!

The incidence of respiratory disease and lung cancer increases with cigarette smoking. The... "Warning: The Surgeon General Has Determined That Cigarette Smoking is Dangerous to Your Health", which appears on each cigarette pack, is now the most dramatic example available to the reading public! Smoking is the major cause of emphasema and chronic bronchitis, according to the American Lung Association. Further - it increases one's chances of contracting lung cancer by more than 800% - that's an

eight times as great liklihood the cancer rate will be found among smokers versus non-smokers!

According to the American Cancer Society, smoking contributes 25% of all deathes from cancers of all kinds; (that's 1 out of each r cancer deaths), and among males, smoking accounts for 4 out of each 10 cancer deaths - a 40% rate! Undoubtedly, as a result of the recent-year rise of smoking among young girls and women, their rate of lung cancer will rise - an appalling prediction!

Air pollution as a general disabler and killer is 'documented' by much evidence. For example:

(a) Among Tokyo school children a study found a 2% rate of coughs in low pollution areas compared to a 13% rate in highest air pollution areas.

(b) Among Los Angeles children, it was found that they suffered from more allergic disorders, acute respiratory infections, bronchitis, and heart and respiratory problems on days of high air pollution.

(c) In Erie county, New York state, during a 12-year period, deaths resulting from chronic respiratory diseases were twice as frequent in high air pollution areease among similar population groups.

Suicide looms as a prominent cause of life-years lost because so many young people take their own lives, and ironically, this often occurs after unheeded warnings of their intentions which they have given to others. Unfortunately - the direct relationship of despair as a cause of death remains hidden in the reported statistics. These, regretably, fail to always record deliberate auto accidents and deliberate drug overdoses as suicides. When the background of many of these people is examined, it is found that they simply do not try to keep their good health. Either they would rather be dead or they suffer a deep fear of becoming old.

A longitudinal study - over a period of 5½ years - by two investigators, which sought to identify behavioral patterns related to good health and long life, followed some 7000 adults. Among those having the best health were the following 7 'healthy' behaviors:

1- Three meals a day, at regular times, with no snacks.
2- Moderate exercise twice or three times a week.

3- A daily breakfast.
4- Seven or eight hours sleep a night.
5- No smoking.
6- Moderate weight, and
7- No alcohol, or only in moderation.

This common-sense pattern 'translated' into the following longevity statistics for a 45-year-old man:

(a) Practicing 0 to 3
of the above health habits = death expectancy at age 67.

(b) Practicing 6 to 7 habits = death expectancy at nearly 79.

Additionally, it was noted that a difference of 30 year's expectancy existed between the absolute extremes among this group: the individual who consistently broke all seven behavioral habits and the individual who followed all seven consistently.

For those 'doubting Thomases' who do not believe progress in positive health behavior can occur because "you just can't change human nature", these individuals fail to recognize the very-powerful influence of modern advertising. Just take away the intense advertising of junk foods, riding lawn mowers and cigarettes, (to name but a few items), then see what a devestating impact this will have upon sales of these things! Such doubters simply fail to recognize that advertising can also be a powerful force for 'selling' good health practices. Just let them apply the same Madison avenue techniques to 'selling' the above-listed 7 good health habits!

These same 'doubting Thomases' also fail to acknowledge the growing popularity of physical fitness activities, after some generations of neglect. Further - they are not recognizing the rising acceptance of self-help regimes , and the increasing numbers who seek to return to a simpler and more natural way of life.

No one is suggesting that serious threats to health do not exist in our modern-day environments. Bor that these detrimental elements may be exceedingly difficult to undo. However, a start to combat these undesirable elements has already been made. Through calculating differences in cancer cases among different regions and countries, World Health Organization statisticians estimate that 75 to 80% of all cancers - including

the appalling numbers caused by smoking - are brought about by environmental causes, with many of these being job-connected.

For example, workers are at serious risk of contracting lung and lymphatic cancer when they are exposed to inorganic arsenic contacts. Others who are exposed daily to high levels of dangerous solvents run 5 times the risk of contracting leukemia than do those workers not so exposed. And still others receive exposure to deadly substances which can cause cancer of the mouth, throat, larynx and lungs. In short - we are simply not doing nearly enough to remove workers from contact with dangerous substances. This is a serious health problem, and at the very least, workers should be adequately informed of the hazards they are facing. This is an urgent necessity, not only so that workers will wear their protective masks, gloves and goggles, but also so that they can 'pressure' their employers to reduce specific cancer-risk substances and methods of operation.

An essential cornerstone of preventive medicine - the detection of disease through period examination - has been, and will continue to be, of significant importance. However, in recent years, studies have indicated that in its potential at this stage of medical knowledge, such examinations have definite limitations. No longer are annual physical examinations recommended for all individuals. To-day, the annual examination is urged for those ovet 50 and those individuals at special risk. On the other hand, infants and young children need more frequent examinations and multiple vaccinations to help insure their good health. Probably all of us would benefit from a thorough physical examination at least every three or four years, and women should undergo annual or semi-annual Pap smears and monthly breast examinations.

It is further anticipated that great strides in general health may be realized through mass screenings to identify at an early stage high-risk persons such as diabetics, hypertensives, the obese, smokers and alcoholics. This screening would then be accompanied by appropriate follow-up with group self-help. Perhaps in the future many people will spend less time with the doctor and more time in self-care health classes

which will stress individual self-reliance, and the fundamental toughness of the human body .

If this altered direction is not followed, in the words of Dr. Lewis Thomas, amedical educator:

> "If people are educated to believe that they are fundamentally fragile, always on the verge of mortal disease, perpetually in need of support by health-care professionals at every side, there can be no limit to the number of doctor's offices, clinics and hospitals required to meet demands. In the end we would all become doctors, spending our d ays screening rach other for disease."

If we are to avoid this grim prospect, what we must do is employ the very best techniques of modern advertising, as was previously suggested, to help convince people, (especially those 'doubting Thomases' !) thay it is worthwhile to adopt healthier living habits. Health education in our public schools needs major transforming. It is shocking true that:

(1) only one state requires but six weeks of health education from kindergarten to high school graduation.

(2)many schools are still barred, by local or state requirements, from teaching the reproductive facts of life - and this despite an epidemic of adolescent pregnancies!

(3) there is more emphasis in schools on varsity sports than upon individual life-time sports which can help the person continue the exercise that is so essential to good health, and

(4) an important part of health education which is sorely neglected are the principles and behaviors to follow when learning how to deal with others and with one's own emotions; i.e. preventive training for sound mental health.

In the final analysis... "the task of improving our chances of good health and long life must begin with us as individuals; it is our own lifelong responsibility". (underling added) - Walter J. McNerney.

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How can one persuade someone else to exchange an unhealthy lifestyle for a healthy one? Motivation is the principal problem, especially for preventive medicine, and there is little doubt that a breakthrough in this area could save more lives than all the miracle drugs ever developed!

Some individuals have suggested that such a breakthrough has already occurred. It is identified as the Health Hazard Asspaisal (HHA), a dramatic, and perhaps to some,a shocking method. Basically the technique adds up all of a person's personal risk factors - such as obesity, heavy drinking, lack of exercise, etc. - thereby arriving at a risk-of-death "appraisal age". For those individuals with a 'poor' Health Hazard Appraisal score - this appraisal age might even be several years older than the individuals's chronological age. A further benefit of applying this technique is that it pinpoints for the concerned individual exactly how to change his or her life to reduce the appraisal age, sometimes to below chronological age.

Developers of the HHA are Dr. Lewis C. Robbins who began his life-expectancy research research more than 20 years ago while he was a U.S. Public Health Service physician, and internist and cardiologist Dr. Jack H.Hall, director of medical education at Methodist Hospital, Indianapolis, Indiana. This program has been in full swing at Methodist, and a fast-growing number of other hospitals. In addition, a computerized HHA service is offered through physicians, industrial medicine groups and hospitals by authorized health-service firms.

To help add healthy years to YOUR life, start now my carefully reading through the following self-appraisal HHA listing. It could be the first big step in assuring yourself a longer and healthier life!

The following Health Hazard Appraisal listing was prepared by Pamela Hall under the supervision of Drs. Lewis C. Robbins and Jack H. Hall of Methodist Hospital, Indianapolis.

Please note: some risk factors are more important than others, and so it is not possible to score the results of this self-analysis accurately. But for longer and healthier than average life, try to change your health habits so that you will be in the categories "(A)"and "(B)" rather than "(C)", "(D)" or "(E).

How healthy is YOUR life-style?

Risk Category	Degree of Risk
Smoking	(A) No smoking or stopped for at least 10 years

Legend::
(A) = No risk
(B) = Slight risk
(C) = Substantial risk
(D) = Heavy risk
(E) = Dangerous risk

Risk Category	Degree of Risk
Alcohol; etc.	(B) Never drive after drinking without safety aids
	(C)Drive after 2 drinks with safety aids
	(D) Drive after 2 drinks without safety aids
	(E) Drive after more than 2 drinks without safety aids
Motor Vehicle Safety	(A) Always wear seat belt
	(B) Wear seat belt more than half of the time
	(C) Wear seat best as a driver half of the time
	(D) Wear seat best as a passenger half of the time
	(E) Wear seat belt less than half of the time
Water Safety-Swimming & Boating	(A) Qualified expert
	(B) Know how to swim and the safety rules
	(C) Know how to swim and may swim after 1 drink or nerve drug
	(D) Do not know how to swim but use life jacket half of the time
	(E) Do not know how to swim; never use life jacket
Blood Cholesterol	(A) Less than 180
	(B) 180-220
	(C) 220-280
	(D) 280-320
	(E) 320 and up
Blood Pressure	(A) 120/80 or less
	(B) 120/80-140/90
	(C) 140/90-160/100
	(D) 160/100-180/105
	(e) Above 180/105
Blood Sugar	(A) Less than 120, 2 hours after a meal of syrup and pancakes
	(B) Between 110 and 130 2 hours after meals; checked each 3 months
	(C) Blood sugar more than 150 without diet control
	(D) Blood sugar more than 150 without diet control, doctor's care
	(E) Diabetes without doctor's care at less than 45 years of age

Risk Category	Degree of Risk
Smoking (conti)	(B) Less than 10 cigarettes, 5 pipes or cigars a day
	(C) Half a pack a day
	(D) 1 pack a day
	(E) 2 or more packs a day
Alcohol	(A) Nondrinker
	(B) Stopped drinker
	(C)Less than 6 drinks per week
	(D) More than 6 drinks per week
	(E) More than 2 drinks per day
Trimness	(A) Lean
	(B) Slightly plump
	(C) Moderately obese
	(D) Considerably obese
	(E) Grossly obese
Physical Actity	(A) Walk more than 2 miles a day or climb 20 or more flights of stairs a day
	(B) Walk 1.5-2 miles a day or climb 15-20 flights of stairs a day
	(C) Walk only 0.5 to 1.5 miles a day or climb only 5-15 flights of stairs a day
	(D) Walk only 2-5 blocks a day or climb 2-4 flights of stairs a day
	(E) Walk less than 2 blocks a day or climb less than 2 flights of stairs a day
Prescription Drugs	(A) With doctors consent following orders carefully
	(B) Take medication daily without side effects
	(C) Take medication when needed with few side effects
	(D) Use sleeping and nerve pills regularly without doctor's supervision
	(E) Without doctor's consent mix with other drugs or alcohol
Nonprescription Drugs	(A) Use occasionally for short periods. Label warnings heeded.
	(E) Continuing use, alcohol used or auto driven despite label warnings
Alcohol and Driving-Boats, Cars, Motorcycles, Snowmobiles	(A) Never drink. Drive only with safety aids - seat belt, helmet, life jacket

Risk Category	Degree of Risk
(For Women Only)	
Breast Check for lumps	(A) Monthly self-exam and yearly check by physician
	(B) Mthly self-exam but no doctor exam
	(C) Self-exam 2-3 a year but no doctor's exam
	(D) 1 time a year by a doctor
	(E) Never
Pap Smear	(A) Every year
	(B) Every 3 years
	(C) Every 4 years
	(D) Never
	(E) Never; non-menstrual bleeding

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If Reason preaches,
if you don't hear her
she'll box your ears.
-- Ben Franklin

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